

Expiration Date of Approval:

Board Representative:

South Dakota Board of Nursing CENTRO

South Dakota Department of Health 4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Curriculum Change for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Wel-life @ EIK Point Assisted Living				
Name of Primary Instructor: Paule He 6000				
Address: 600 E Lincoln St. EIK Point, SD 57025				
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Phone Number: 605 - 356 · 2774		Fax Numbe	r: <u>605 · 356 · 2</u> 0	97
E-mail Address of Faculty: Daulette- Groon	الدا ۱۳			
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Request to use the following approved cur selected curriculum. Each program is exp				
□ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)				
Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009)				
☐ Nebraska Health Care Association (2010) (NHCA)				
☐ We Care Online				
 List faculty and licensure information: For new RN faculty, attach resume/work history with evidence of minimum 2 years clinical RN experience. RN LICENSE				
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	Expiration Date	Verification (Completed by SDBON)
Paulette Groon	SD	Ro22244	12-12-2013	aw
Jennifer Lynn Goetzinger	IA	116091	10.15.2012	ok un
Rosemary L Chicoine	E0	R028413	8-9-2013	ou u-
Traci M. McDonald	NE	54170	10 31. 2012	ouper
Judy Nygren	5D	R017060	02 - 01 - 2013	oxan
RN Faculty Signature: Coultto Khoon RV Date: March 33 - 2012				
This section to be completed by the South Dakota Board of Nursing				
Date Application Received: 3/28/2012	Date Notice Sent to Institution:			
Date Application Approved:	Date Application Denied:			

Date Application Denied:

Reason: